

Permit No.

1. Owner: _____ Phone No. _____

Current Address:

2. Accompanied by: _____ EXAM DATE :

Address: _____ Phone No _____

Relationship to Permit Holder:

3. Source: _____ tributary to _____

B. OVERLAP REVIEW

1. Other water rights with the same place of use:

2. Other water rights with the same point of diversion:

C. DIVERSION AND DELIVERY SYSTEM

1. Point(s) of Diversion:

[illegible]

2. Place(s) of Use:

Indicate Method of Determination

[illegible]

3. **Delivery System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe i.d. as applicable.

Scale: 1" = _____.

_____ Copy of USGS Quadrangle Attached Showing location(s) of point(s) of diversion and place(s) of use (required).

_____ Aerial Photo Attached (required for irrigation of 10+ acres)

_____ Photo of Diversion and System Attached

4.

Well or Diversion Identification No.*	Motor Make	Hp	Motor Serial No.	Pump Make	Pump Serial No. or Discharge Size

*Code to correspond with No. on map and aerial photo

D. FLOW MEASUREMENTS

1.

Measurement Equipment	Type	Make	Model No.	Serial No.	Size	Calib. Date

2.

Measurements:

E. NARRATIVE/REMARKS/COMMENTS

Have conditions of permit approval been met? ____ yes ____ no

F. FLOW CALCULATIONS

_____ Additional Computation Sheets Attached

Measured Method:

G. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$

$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 =$

$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} =$

2. Volume Calculations for Other Uses:

H. RECOMMENDATIONS

1. Recommended Amounts

Beneficial Use	Period of Use		Rate of Diversion Q (cfs)	Annual Volume V (afa)
	From	To		

Totals:

2. Recommended Amendments

___ Change P.D. as reflected above ___ Add P.D. as reflected above ___ None

___ Change P.U. as reflected above ___ Add P.U. as reflected above ___ Other

I. AUTHENTICATION

Field Examiner's Name _____ Date _____

Reviewer _____ Date _____

SEAL